# MEDICAL ELIGIBILITY APPLICATION
# REGIONAL TRANSIT CONNECTION (RTC) DISCOUNT ID CARD

**TO APPLICANTS:**

To qualify for Medical Eligibility: Complete Section 1 of the Medical Certification form. You must also sign the application in two places to: 1) authorize your doctor to release information, and 2) indicate your acceptance of RTC Program terms. If your application is not signed in both places, it cannot be processed and will be returned to you.

Bring this form to your "Certifying Professional." The Certifying Professional must complete the application in blue ink with original signature.

Take this form to your transit agency listed on the last page, where you can submit the form and have your picture taken.

The Medical Verifier will contact your certifier to verify the information provided. If the correct contact information is missing and they are not able to contact the certifier, or the certifier is not responsive, the process will be delayed.

**TO MEDICAL CERTIFIERS:**

If you need this application in English, or more information, please visit https://511.org/transit/rtc-card

The purpose of the RTC Discount ID Card Program is to ensure that only eligible individuals receive fare discounts as mandated by state and federal law. An individual's eligibility is based on their inability to use fixed-route transit (i.e., regular accessible buses, light rail, commuter rail or BART) without special facilities, planning or design. [49 US § 1608 (c)(4), Section 99206.5, CA PUC]. We are requesting your help to ensure that recipients meet the eligibility criteria. If you have questions, please contact the Discount ID Card Program Office at 510/208-0200.

You may certify eligibility only in the categories related to the field of practice in which you are licensed in the State of California to diagnose:

- Licensed physicians with an M.D. or D.O. degree, licensed physician's assistants and nurse practitioners may certify in all categories in which they are licensed to diagnose;
- Licensed chiropractors, categories 1, 2, 3 and 4;
- Licensed podiatrists, disabilities involving the feet under categories 1, 2, 3 and 4;
- Licensed optometrists (OPT), category 9;
- Licensed audiologists (AU), category 10;
- Licensed clinical psychologists (PSY) and licensed educational psychologists (LEP), categories 12, 15, 16 and 17;
- Licensed marriage and family counselors (MFCC), licensed professional clinical counselors (LPCC), and licensed social workers (LCSW), category 17.

Your address and medical license information (required on each application form) will be verified with the state Medical License Board. Only California licenses are accepted.

Please provide telephone and fax numbers. A processing analyst will contact you to verify the information in order to ensure that your signature is not being falsified.

A description of the eligibility sections can be found on the reverse of this page. For more information, please consult the program brochure.

Thank you for helping maintain the integrity of the RTC Discount ID Card Program.

## ELIGIBILITY CRITERIA GENERAL DESCRIPTIONS

**Eligibility Sections**: Only individuals meeting the definitions below are eligible. When completing the form, please indicate a Section Code corresponding to the descriptions. Please refer to the Program brochure for additional information.

**Section 1** – Non-ambulatory Disabilities: Impairments that, regardless of cause, require individuals to use a wheelchair for mobility.

**Section 2** – Mobility Aids: Impairments that cause individuals to walk with significant difficulty including requiring use of a leg brace, cane, walker or crutches.

**Section 3** – Musculo-Skeletal Impairment (Including Arthritis): Musculo-skeletal impairment such as muscular dystrophy, osteogenesis imperfecta or arthritis of Functional Class III or anatomical Stage III. Individual has significant mobility impairment.

**Section 4** – Amputation: Persons who suffer amputation of, or anatomical deformity of (a) Both hands; or (b) one hand and one foot; or (c) amputation of lower extremity at or above the tarsal region (one or both legs).

**Section 5** - Cerebrovascular Accident (Stroke): With one of the following: (a) pseudobulbar palsy; or (b) functional motor deficit; or (c) ataxia affecting two extremities substantiated by appropriate cerebellar signs or proprioceptive loss post 4 months

**Section 6** - Pulmonary Ills: Respiratory impairments of Class 3 (FVC between 51 and 59% of predicted, or FEV between 41 and 59% of predicted); or Class 4 (FVC less than or equal to 50% of predicted, or FEV less than or equal to 40% of predicted.

**Section 7** - Cardiac Ills: Cardiovascular impairments of functional Class III, Cardiovascular impairments of functional Class IV. Please refer to the program brochure for additional details.

**Section 8** – Dialysis: Individuals whose disability requires the use of a kidney dialysis machine.

**Section 9** – Sight Disabilities: Those individuals whose vision in the better eye (after correction) is 20/200 or less; or those individuals whose visual field is contracted (tunnel vision) to 10° or less from point of fixation or widest diameter subtends an angle no greater than 20° and individuals who are unable to read information signs or symbols for other than language reasons.

**Section 10** – Hearing Disabilities: Deafness or hearing incapacity that makes person unable to communicate or hear warning signals including those persons whose hearing loss is 70 dba or greater in the 500, 1000, 2000 Hz ranges.

**Section 11** – Disabilities of Incoordination: Individuals suffering faulty coordination or palsy from brain spinal or peripheral nerve injury, functional motor deficit in any two limbs or manifestations which significantly reduce mobility, coordination or perceptiveness

**Section 12** - Intellectual Disability: Intellectual Disability is a disorder that features concomitant deficits in intellectual functions and adaptive functioning that adversely impacts one or more aspects of daily living, such as communication, socialization, academic achievement and independent living. Please refer to the program brochure for additional details.

**Section 13** – Cerebral Palsy: A neurological condition that appears in infancy or early childhood and permanently affects body movement, muscle coordination, and balance, and which primarily causes physical impairment involving limitation or loss of function and mobility. Please refer to the program brochure for additional details.

**Section 14** – Epilepsy (Convulsive Disorder): A clinical disorder involving impairment of consciousness, characterized by seizures (e.g., generalized, complex partial, major motor, grand mal, petit mal or psychomotor), occurring more frequently than once a month in spite of prescribed treatment. Please refer to the program brochure for additional details.

**Section 15** – Autism Spectrum Disorder: Deficits in verbal and nonverbal communication abilities and social interaction skills, coupled with the presence of restricted, repetitive patterns of behavior, interest or activities, which significantly impact the quality of social, educational, occupational, and/or adaptive functioning. Please refer to the program brochure for additional details.

**Section 16** – Neurological Impairment: Disorders of an individual whose IQ is not less than two standard deviations below the norm. This section includes persons with severe gait problems who are restricted in mobility. Please refer to the program brochure for additional details.

**Section 17** – Mental Disorders: A DSM-5 diagnosis in one of the following is required for eligibility: Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Depressive Disorders, Trauma- and Stressor-Related Disorders, Dissociative Disorders, Somatic Symptoms and Related Disorders, and Neurocognitive Disorders. Diagnosis must be at a Class 3 to 5 level and a moderate impairment is the minimum level of severity necessary to qualify. Not all diagnoses within these categories will qualify for eligibility. Ex. Disorders in remission and "Unspecified" diagnoses are specifically excluded from eligibility. Additionally, applicants who have a Substance-Related or Addictive Disorder as a primary disability **will not** qualify for this program.

**Section 18** – Chronic Progressive Debilitating Disorders: Individuals who experience chronic and progressive debilitating diseases that are characterized by constitutional symptoms such as fatigue, weakness, weight loss, pain and changes in mental status that, taken together, interfere in the activities of daily living and significantly impair mobility. Please refer to the program brochure for additional details.

**Section 19** – Multiple Impairments: This category may include, but not be limited to, persons disabled by the combined effects of more than one impairment. The individual impairments themselves may not be severe enough to qualify as a Transit Dysfunction; however, the combined effects of the disabilities may qualify the individual for the program.

# MEDICAL CERTIFICATION FORM

ver. 1-2020 /r 8-21 .

## Section 1. APPLICANT INFORMATION (Please print legibly)

Name _____ Birth Date ☐☐ - ☐☐ - ☐☐

Mailing Address _____ Apt. _____

City _____ State _____ Zip _____

Daytime Phone # _____

M ☐ F ☐ Non-Binary ☐ Email address _____

**Communication preference**: US Mail ☐ Braille (mailed) ☐ Via Email ☐

## Section 2. RELEASE OF INFORMATION

I authorize the medical or other qualifying practitioner certifying this application to release the information requested to RTC personnel for use in determining my eligibility for this program, until 90 days from the date below unless I revoke this permission sooner.

Signature of Applicant (REQUIRED) _____ Date _____

## Section 3. APPLICATION SIGNATURE (Signature in Section 2 and Section 3 are required)

I attest that the information I have provided on this application is true and correct. I hereby submit this application for an RTC Discount Card and understand that fraud or a misstatement of fact will disqualify me from receiving the benefits of the RTC Discount Card Program. I also agree to provide additional information that may be requested as part of this process.

Signature of Applicant (REQUIRED) _____ Date _____

## Section 4. FOR MEDICAL PRACTITIONER / CERTIFIER USE ONLY

MEDICAL CERTIFIER: Please complete in **original blue ink**.

Eligibility Sect. # _____ **If Section 17 only**, please provide a required DSM code: _____

Is this disability permanent? ☐ Yes ☐ No, it's _____ months in duration.

Does applicant require an attendant when using public transit? ☐ Yes ☐ No If YES, please also initial here: _____

Name of Practitioner/Certifier _____ Field of Practice _____

Address _____ Calif. State Lic.# _____

City _____ State _____ Zip _____

Phone ( ) _____ Fax ( ) _____

I hereby certify that I have read the requirements of eligibility for the RTC Discount Card Program on the front of this form, and in my professional judgment the above named applicant is eligible to receive discount fares on transit because of a disability that limits her/his ability to use fixed route transit. Note: Any falsification of a condition or any part of a condition may be reported to the Federal Transportation Administration for prosecution to the full extent of the law.

Signature of Certifier _____ Date _____

Office Use Only

| Intake Date | | RTC ID # | | Transit Agency | | Other Info: | |
|---|---|---|---|---|---|---|---|

Bring this form in person with a valid photo ID and the application fee to a Bay Area transit agency intake location.

PLEASE CALL YOUR TRANSIT AGENCY FOR THEIR HOURS OF OPERATION AND TO FIND OUT WHAT FORM OF PAYMENT THEY ACCEPT.

If you have questions, please refer to the RTC website at: https://511.org/transit/rtc-card/locations.

AC Transit
1600 Franklin Street, Oakland
(510) 891-4777 TDD 711 (CRS)

BART
Lake Merritt BART Station, Oakland
(510) 464-7136 TDD (510) 839-2218

Golden Gate Transit
850 Tamalpais Avenue, San Rafael
(415) 455-2000 or 511 / 711

Tri-Delta Transit
801 Wilbur Avenue, Antioch
(925) 754-6622 TTY (925) 754-3695

SFMTA (Muni)
11 S. Van Ness Ave, San Francisco
(415) 646-2224 TDD (415) 701-4730

SamTrans
1250 San Carlos Avenue, San Carlos
(650) 508-6455 TDD (650) 508-6448

Sonoma-Marin Area Rail Transit (SMART)
5401 Old Redwood Hwy., Suite 200,
Petaluma
(707) 285-8182

Santa Rosa City Bus
Transit Mall (B Street and 2nd),
Santa Rosa
(707) 543-3333

County Connection (CCCTA)
2477 Arnold Industrial Way, Concord
(925) 676-1976 ext 2066/2067
TDD (800) 735-2929
VOICE (800) 735-2922

Valley Transportation Authority
55-A West Santa Clara Street,
San Jose -or-
3331 N. 1st Street, Bldg. B, San Jose
(408)321-2300 TDD (408) 321-2330

Soltrans (Vallejo Transit)
311 Sacramento Street, Vallejo
(707) 648-4666 TDD 707/649-5421

Wheels (LAVTA)
1362 Rutan Ct. #100, Livermore
(925) 455-7555

Solano Mobility Call Center
1 Harbor Center, Suisun City
(800) 535-6883

Petaluma Transit
555 N. McDowell Blvd, Petaluma
(707) 778-4460

**This information is subject to change.**